

Case Number:	CM14-0156778		
Date Assigned:	09/26/2014	Date of Injury:	08/20/2011
Decision Date:	10/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of chiropractic manipulative therapy; physical therapy, and acupuncture; epidural steroid injection therapy; and the apparent imposition of permanent work restrictions through an Agreed Medical Evaluation. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. In an August 13, 2014 progress note, the applicant reported persistent complaints of low back and neck pain. The applicant stated that her left leg complaints were worsened. The applicant stated that her left hand had begun to go numb. The applicant's neck pain reportedly began some four to five months prior. 7/10 neck pain was noted, along with 8/10 low back pain. Decreased strength and sensation were noted about the bilateral lower extremities. MRI imaging of the cervical spine was sought to further evaluate the applicant's cervical complaints while Norco and Norflex were renewed. Permanent work restrictions were also renewed. It did not appear that the applicant was working with permanent limitations in place. The bulk of the documentation comprise of the applicant's low back issues.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was/is no mention that the applicant is actively considering or contemplating any kind of surgical procedure or invasive intervention involving the cervical spine. The bulk of the documentation on file comprised of further documentation of the applicant's ongoing low back issues. The attending provider acknowledged that low back was the applicant's primary pain generator. It was not clearly stated how (or if) the proposed cervical MRI would influence the treatment plan. Therefore, the request is not medically necessary.